16.00 27.40 60.00 47.00 292.40 **ACCOUNTING USE ONLY** PAID FOR BY REVOLVING CHECK NUMBER 16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost

of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections Q750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLYMANTS SIGNATURE (MUR INVINITY)	DATE /0 - 21.09(IMME MEDITION OF THE PROVING THE	W ALGUE	DATE /	17/09
SIDNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES	Vasi	ADMINISTRATIVE SER	VICES OFFICER	10/2	7/09
-	Destroy Pres		c262 c06.pd		

Fish

	CALIFORNIA ENT OF CALI	A IFORNIA HIGHWAY PATROL													
TRAV	EL EXF	PENSE CLAIM								RTMEN				PAGE(S)	
CHP 262 (Rev. 3-93) OPI 071			Reloca	Relocation 🛛 Out of State		<u> </u>	BTH Agency			1 of					
CLAIMANT'	SNAME				I. D. NUMBE	R	SOCI	AL SECURIT	NUMBER		ţ		EPHONE NU!	/iBER	
Dale E.	Bonner				00 (10 1)	1050					(916) 32	3-5401	LOCATION	0005
POSITION			CB/ID NUMBER DIVISION OR BUREAU				11	LOCATION CODE							
Secretary RESIDENCE ADDRESS			E99	Business, Transportation & Housin HEADQUARTERS ADDRESS				Housing	g Agency 699						
KEGIDENG	LADBICCOO					- 1		9th Stree		2450			•"		•
CITY, STATE, AND ZIP CODE					CITY, STATE, AND ZIP CODE										
					Sacramento, CA 95814										
1. MONTH	1. MONTH/YEAR 3. 4. 5.		MEALS		6.		7. TRANSPORTA					8.	9.		
Sep/200		LOCATIONS WHERE	LODGING	BREAKFAST	LUNCH	O.T., L/T RELO.		INCIDENTALS	A. COST OF	B. TYPE	C. TOLLS,	D. PRIVA	TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES
2. DATE	TIME	EXPENSES WERE INCURRED				DINN	IER		TRANS.	USED	PARKING	MILES	AMOUNT	CAPENOL	FOR DAY
24	1400	Sacramento to Los									66,00			400.47	466,47
24	1400	Angeles									00,00			400.47	400.47
26		Los Angeles to Santiago, Chile	146.66	6.00	25.00	4	0.00	AND THE PERSON NAMED IN COLUMN							217.66
		Danielago, Olinio	110.00	5.00											
27		Santiago, Chile	146.67	15.00	25.00	41	0.00	19.00						131,00	376.67
1.400															
28 .			146.67	15.00	25.00	41	0.00	19.00							245.67
20		G : GI :			25.00		0.00	10.00							00.00
		Santiago, Chile		15.00	25.00	41	0.00	19.00							99,00
30	0900	Los Angeles		6.00											6.00
	0,00	Bostingeres		0.00										,	

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10.	<u> </u>									 	<u> </u>	.	<u> </u>		1
10.	CLA	IM TOTAL	440.00	57.00	100.00	16	0.00	57.00			66.00			531.47	1,411.47
11. PURPO	SE OF TRIP	, REMARKS AND DETAILS (ATTA	CH RECEIPT	S/VOUCHE	RS WHEN RE	QUIRE	D)			ı		12. NOR	MAL WORK H	IOURS	
Busines	s Expens	ses \$400.47 Registrat	ion Fee a	nd \$131	Visa Fee) .									
0/26/00	to 0/20//	O Tuada Mission to 6	Contingo	Chila on	d to otton	d tha	A	eriona Ca	mnatitis	anacc	Forum	13, REGI	JLAR DAYS (DFF	
)9 Trade Mission to S brings together high lev										44 0000	ATT \ (T) (10) :	E LICENSE N	LILADED
		iness discussion, panel						adolb all	2 Oxports	110111		14. PRIV.	ATE VERICLE	E LICENSE N	GWIDER .
ovani	D 202 040	interest and additions, parties	000010110									15. MILE	AGE RATE C	LAIMED	
		,													
												100		LO LIGE	ONLY
												ACC	CUNTI	NG USE	UNLY
16. I HER	EBY CERT	TIFY that the above is a true st	atement of	the travel ex	kpenses inc	urred b	y me	in accorda	nce with DF	'A rules	in the	1	OR BY REVO	LVING CHEC	K NUMBER
service of a	the State of or the vehic	f California. If a privately-own de was equal to or greater tha	ed vehicle v the rate cl	vas used, a laimed, and	nd if mileage that I have i	e rates met the	exce real	ed the mini uirements a:	mum rate, l s prescribe:	certify to by S.A	hat the cost .M.				
Sections 0	750, 0751,	07 <u>52, 0759, and</u> 0754 pertain	ing to vehic	le safety an	d seat belt t	usage.						<u> </u>			
CLAMANT	SIGNATUR	(blue ink only)		DATI		/ t	SIGN	ATURE OF C	FFICERAP	ROVING	TRAVEL AN	PAYMEN	IT	DATE	1.
11/11	بلب		V	16	21-6	29		1/1	111	C+	ec)			10/29	189
SIGNATURE	AND TITLE	OF AUTHORITY FOR SPECIAL I	XYENSES	0		emanana.		ADMIN	TOTO AT	TVE 9	БРУЛСЕ	ומטר פו	CEB	DATE 1	
	MA	m Di	7	\times	D1		•		191KAI	IVES	EKVICE	o Orfi	CER		-262 +00 +24
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